

FILED JUN 10 1947

Registration District No.

Primary Registration District No. 5902

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural - Hart 12
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sam Lewis

3. (b) If veteran, name war ~~1918~~

3. (c) Social Security No.

4. Sex male 5. Color Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Don't Know (Month) (Day) (Year)

8. AGE: Years 48 Months — Days — If less than one day hr. min.

9. Birthplace Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business Don't Know

12. Name " "

13. Birthplace " " (City, town, or county) (State or foreign country)

14. Maiden name " "

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Frank Brown

(b) Address Stark, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove Cemetery

18. (a) Signature of funeral director German, Undt & Co.

(b) Address Stark, Mo. Box 12

19. (a) May 29 - 43 (Date received local registrar) (b) Gerry R. Rindhardt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Stark (If outside city or town limits, write "RURAL")
(d) Street No. 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 5-1- 1943 to 5-23 1943

that I last saw him alive on 5-15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Mitral Insufficiency

Due to

Due to

Other conditions (Include pregnancy within month of death) Myocardial Disease

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature Fred H. Copley (M. D. or other) Camtharville

Address Camtharville Date signed 5/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-43-223

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 32

1. PLACE OF DEATH:

- (a) County Pemiscot
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community 12 yr.
years, months or days)

3. (a) PRINT
FULL NAME

Sam Lewis

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex M

5. Color or B
race

6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ year

7. Birth date of deceased unknown

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

alt 48

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a)

(Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a)

(Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Pemiscot

- (c) City or town Steele
(If outside city or town limits, write "RURAL")

- (d) Street No. _____
(If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1943 year 1943 day _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify part of place)

(Specify place of injury)

23. Signature

(M. D. or other)

Address

Date signed 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

Medical Certification
Bright's Disease
(Chronic)
131b

Trade
Carruthers No 1943

5-18609